

South Carolina Department of Social Services
AFTERSCHOOL SNACK PROGRAM (ASP)
APPLICATION FOR PARTICIPATION

Agreement Number: _____ FEIN #: _____

Name and Address of Organization

1. Name: _____ Telephone: _____ Fax: _____

Mailing Address: _____
Street or P.O. Box City Zip

Physical Address: _____
Street City Zip

County: _____ Name of Contact Person: _____

E-Mail Address: _____ Operational Hours: _____ to _____

2. Date you would like to be approved to claim snacks for reimbursement: _____

3. Type of Organization: ☐ Government Organization ☐ Private For-profit ☐ Private Nonprofit Organization
(Attach a copy of the letter from IRS granting Federal Tax Exemption; Churches must submit proof of state nonprofit status.)

4. Does your organization now participate or have you participated in programs funded through the USDA Food and Nutrition Service in the past three years? (If "Yes", give name of Program and dates of participation.) ☐ Yes ☐ No

5. Does your organization participate in any other federally funded programs? (If "Yes", give name of Program and dates of participation.) ☐ Yes ☐ No

6. Has your organization ever been terminated from participating in any publicly funded programs? (If "Yes", give name of Program, dates of Participation and reason(s) for termination.) ☐ Yes ☐ No

7. Number of sites your organization will sponsor for the Afterschool Snack Program: _____

8. Describe how you will record the daily attendance and provide an example of the form that will be used:

Who will record the attendance? _____

Where will documentation be filed? (Location) _____

9. Describe how you will record the number of snacks served to students each day and provide an example of the form that will be used: _____

Who will record the meal count for the snacks? _____

Where will the documentation be filed? _____

10. Is the site's food service operated principally for the benefit of the students attending the afterschool program? ☐ Yes ☐ No

11. Estimated total annual budget for food service operations at your site(s):

Food Purchases	\$
Food Service Labor (Salaries of staff preparing or serving snacks)	\$
Nonfood Supplies (Items needed to support snack service: napkins, straws, dishwashing detergent, eating utensils, etc.)	\$
Total Food Service Operating Budget	\$

12. List personnel who will be involved in administering the Afterschool Snack Program (administrative duties are associated with planning, organizing and supervising the snack program):

ASP Administrative Duties	Name and Title of Person Who Will Perform Duty
Preparation and submission of the monthly Claim for Reimbursement.	
Annual staff training in the ASP duties, responsibilities and regulations, if applicable.	
Monitoring of sites to meet sponsor's self-review requirement, if applicable.	

13. Applicable for multi-site sponsors only: Sponsors are required to instruct their personnel in the ASP administration and regulations. Documentation of training (sign-in sheets, agendas, etc.) must be maintained as part of your permanent records and must be available when SCDSS reviewers visit your facility. This training must be conducted at least annually. (Annually is October 1 – September 30.)

Date of Training: _____

Topics: _____

14. Responsible Individuals of the Organization: Responsible individuals are individuals who have oversight of the program.

Name	Title	Date of Birth

15. Principals of the Organization: These include, but are not limited to, the Chairperson, Executive Director, Owner or individuals with the equivalent title within an organization.

Name	Title	Date of Birth	Name and Date(s) of Publicly Funded Programs Individual Participated in During Past Seven Years

16. List the name and date(s) of the publicly funded programs this center has participated in during the past seven years.

Name of Program/Dates of Participation	Name of Program/Dates of Participation

17a. **Applicable for multi-site sponsors only:** Describe your system for disbursing ASP reimbursement to facilities under your administration within 5 days of receipt from SCDSS (reimbursement for a facility cannot exceed the ASP snacks claimed for that site by the sponsoring organization):

b. **Applicable for multi-site sponsors only:** Describe your system for distributing snacks to your ASP sponsored sites. For example, indicate if a vendor is used or if the snacks are delivered to the sites by the sponsor. In addition, also indicate when the snacks are delivered, i.e. monthly, daily, weekly, etc.:

18. **Applicable for multi-site sponsors only:** Self Reviews: Each afterschool site must be reviewed using the Sponsor Monitoring form at least THREE times each year, **between the months of** October-September, **to include** one review during the first month of the ASP operations. These reviews cannot be more than six months apart. A Civil Rights Review is to be conducted annually at each site. List below each site under your sponsorship and give the dates for the scheduled reviews. Attach additional sheets if necessary.

Site Name: _____ Review #1 Date: _____ Review #2 Date: _____ Review #3 and Civil Rights Review Date: _____	Site Name: _____ Review #1 Date: _____ Review #2 Date: _____ Review #3 and Civil Rights Review Date: _____
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19a. Is the primary purpose of your afterschool program to provide care? ☐ Yes ☐ No

If no, please explain the primary purpose of your program. If you do not have enough room, please use a separate sheet of paper and attach it to this application.

- b. An afterschool snack program must include an education or enrichment component and be organized to provide children with regularly scheduled activities that are structured and supervised. Please explain your daily routine of educational and/or enrichment activities, to include the time of activities and the name of the person(s) who are supervising these activities. You can attach a copy of daily activities. If you need additional space, please use a separate sheet of paper.

Civil Rights Information

20. Provide an estimate of the racial/ethnic makeup of the population to be served from sources such as census tract data, public school data, housing authority data, etc.

White: _____ Black: _____ Native American or Alaskan: _____

Asian or Pacific Islander: _____ Hispanic: _____

21. Describe efforts to be used to assure that minority populations have equal opportunity to participate.

22. Describe efforts to contact minority and grassroots organizations about the opportunity to participate in the program.

23. List the name(s) of other federal agencies providing assistance to your organization. Also state if you have been in noncompliance by these federal agencies.

Audit Information

24a. Does your organization have an audit? ☐ Yes ☐ No

- b. If yes, indicate type of audit:

☐ Organization-wide ☐ Program Specific

c. Audit Period: _____

d. Fiscal Year End: _____

e. Name of Firm to Conduct Audit:

- f. Attach a copy of the organization's most recent independent audit or audited financial statements as prepared by a certified accountant. ☐ Attached

- g. Identify the funding source and the amount of all federal funds received in the past fiscal year:

Source: _____ \$ _____

Source: _____ \$ _____

Source: _____ \$ _____

Certification Statement

I CERTIFY that during the past seven years the applicant center has not been disqualified from participation in any other publicly-funded program for violating program's requirements. I understand that "publicly-funded program" means any program or grant funded by federal, state or local government.

I ALSO CERTIFY that the information on this application is true to the best of my knowledge; that I will accept final administrative and financial responsibility for total operations at the afterschool facilities approved to participate in the Afterschool Snack Program; that reimbursement will be claimed only for snacks served to eligible participants; that Department officials may, for cause, verify information; and that deliberate misrepresentation may subject me to prosecution under applicable state and criminal statutes, and that the ASP will be available to all eligible participants regardless of race, color, national origin, sex, age or disability. I understand that this information is being given in connection with the receipt of Federal funds, and that a deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

Name of Afterschool Facility Representative (Type or print)		Name of Sponsor Representative (If facility will be sponsored) (Type or print)	
Date	Signature of Afterschool Facility Rep.	Date	Signature of Sponsor Representative